

MILITARY SEALIFT FLEET SUPPORT COMMAND
Medical Department (CODE: NO2M)
Bldg SP-312, 581 A Street, Norfolk, VA 23511-4295
E-mail address to submit forms: MSFSC_Medical@navy.mil
VOICE: 1-866-827-4955 FAX: 1-866-324-4955
(757) 443-5760 (757) 443- 5767

Mariner Name / last 4 SSN

MEDICAL SUMMARY FORM

(ALTERNATIVELY, A WRITTEN REPORT THAT ADDRESSES BELOW ELEMENTS MAY BE ATTACHED)

Note to examining provider: Please take note that the Seafaring environment is arduous and exposes personnel to many hazards. It is essential that crew members be able to physically perform the duties of their position worldwide and remote from medical care. Per US Coast Guard Medical and Physical Evaluation Guidelines (NVIC 04-08), crew members must be physically fit to respond to and operate ship's emergency equipment including pulling a 1.5 inch uncharged fire hose 50 feet, lift a charged fire hose, be able to wear Self Contained Breathing Apparatus, and have the agility and strength to don flotation devices and exposure suits without assistance. Minimum physical standards also include the ability to lift and carry at least 40 pounds, the ability to crouch and crawl, climb vertical ladders, step over a door sill of 24 inches and fit through a restricted opening of 24x24 inches, and stand for up to 4 hours.

MEDICAL SPECIALTY RECOMMENDED:

MEDICAL PROBLEMS TO BE ADDRESSED:

SIGNIFICANT HISTORY AND PHYSICAL FINDINGS: *(If being evaluated for elevated Blood Pressure, please include BP readings indicating proper control.)*

B/P reading:

SIGNIFICANT LAB RESULTS, X-RAY, EKG, ETC. May attach results.
(For individuals with Diabetes Mellitus, we must have a current HbA1C result).

DIAGNOSIS/ DIAGNOSES:

CONTINUE ON REVERSE OF FORM

TREATMENT RECEIVED (List all medications, physical therapy, etc.)

PROGNOSIS / LIMITATIONS / RECOMMENDATIONS FOR FOLLOW UP.

SUITABLE INTERVALS FOR FOLLOW-UP AND FITNESS FOR MSC DUTY SHOULD NOT BE MORE FREQUENT THAN EVERY 5-6 MONTHS.

Recommended follow-up interval_____.

PLEASE CHECK ONE OF THE FOLLOWING REGARDING DUTY STATUS:

- ☐ **Fit for sea duty. (Refer to work conditions on top of page one)**
- ☐ **Not fit for sea duty. (Please document reason)**

AUTHORITY TO RELEASE PRIVILEGED MEDICAL INFORMATION: I hereby authorized release to the Medical Officer, Military Sealift Fleet Support Command, privileged medical correspondence and records in my case.

Mariner's signature _____
Date
Mariner's current phone number in case MSFSC Medical needs to contact you: _____

Medical/Dental Provider's Name (Print or Stamp)

Medical/Dental Providers Signature

Please indicate your specialty and accreditation

Date signed by Provider

ADDRESS:

TELEPHONE ()